

Department of Police * City of Chicago
3510 South Michigan Avenue * Chicago, Illinois 60653

Date November 16, 2011

Re: C. L. No. 1049902

Dear [REDACTED]

A complaint against a Department member, registered under the above Complaint Log (C.L.) Number, is currently under investigation by the Chicago Police Department.

A vital step in the investigation is an interview with the person who registered the complaint as well as witnesses. This step is essential in order to conduct a complete and thorough investigation.

Please contact me as soon as possible so that I can make arrangements to meet with you regarding the incident under investigation. The following information is provided so that you can contact me without unnecessary inconvenience:

Name: Sergeant Marcella S. Solis

Address: 3510 S. Michigan Avenue

Telephone: 312-745-6310

Hours Available: 0800-1400 hours

Sincerely,

Sgt. Solis 1127

CPD-44.223 (REV. 1/07)

Emergency: 9-1 -1 * Non-Emergency: (Within City limits) 3-1 -1 * Non-Emergency: (Outside City limits) 312-746-6000
TTY: 312-746-9715 * E-mail: police@ci.chi.il.us * Website: www.ci.chi.il.us/CAPS

CPD 0021199

CERTIFIED MAIL™

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

SC0 F0E1BC UA-11 129 E

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

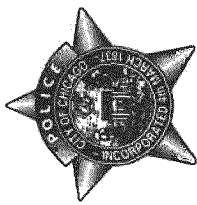
Postmark
Here

Street, Apt. No.
or PO Box No.
City, State, ZIP+4
CHICAGO IL 60634

PS Form 3800, August 2006

See Reverse for Instructions

City of Chicago
Department of Police
3510 South Michigan Avenue
Chicago, Illinois 60653
Sgt. M. Solis
UNIT 121



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chicago, IL 60634

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail must be paid for at the time of mailing.
- Certified Mail is not insurable for more than \$500 without purchase of additional insurance.
- For an additional delivery. To obtain a duplicate return receipt, you must purchase a duplicate return receipt for \$3.00.
- For an additional addressee's authentication endorsement "R" for \$3.00.
- If a postmark on the receipt is not needed, the receipt is not needed.

IMPORTANT: Save
PS Form 3800, August 2003